



Benefit Plans

www.CoverTN.gov or 1-866-COVERTN

	InReach Plan A	InReach Plan B
Physician office visits Includes primary care and specialists	\$15 co-pay Up to 5 visits per year	\$20 co-pay Up to 6 visits per year
Pharmacy services Includes generic and brand name drugs	\$10 co-pay generic \$25 co-pay brand Quarterly limit \$250	\$8 co-pay generic \$25 co-pay brand Quarterly limit \$75
Inpatient hospital Includes medical, surgical, psychiatric and substance abuse services	\$100 co-pay up to \$10,000 in services	\$100 co-pay up to \$15,000 in services
Outpatient hospital Includes ER, medical, surgical, radiology and pathology services	\$100 co-pay ER non-emergency \$25 other services 1 surgical visit per year 2 non-surgical visits per year	\$100 co-pay ER non-emergency \$25 other services 1 surgical visit per year 2 non-surgical visits per year
Preventive care Includes pap smears, PSA, mammogram, immunizations	No co-pay 1 adult physical per year 1 well woman visit per year	No co-pay 1 adult physical per year 1 well woman visit per year
Outpatient behavioral health Includes mental health and substance abuse services	\$25 co-pay per visit 10 visits per year	\$25 co-pay per visit 10 visits per year
Maternity services	Provided under CoverKids	Provided under CoverKids
Other covered services in both plans	Vision Home health care Hospice care Prosthetics Ambulance services	Diabetic supplies Chemotherapy and radiation Radiology and pathology Reconstructive breast surgery Durable medical equipment

- Neither plan requires any deductible
- All limits based on calendar year
- All services are subject to maximum payment of \$25,000 per calendar year
- Requires a 12-month waiting period for coverage of pre-existing conditions